

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

09/14/2004

Lois K. Holland
 Treasury PRA Clearance Officer
 TD Forms Manager
 Department of the Treasury
 1750 Pennsylvania Avenue NW.
 Room 11000
 Washington, DC 20220

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a revision of an information collection received on 08/03/2004.

TITLE: U.S. Individual Income Tax Return

AGENCY FORM NUMBER(S): 1040, SCHEDULES-A-B-C,
 SCHEDULES-C-EZ, SCHEDULES-D-D-1,
 SCHEDULES-E-EIC, SCHEDULES-F-H-J,
 SCHEDULES-R-SE

ACTION : Approved without change
 OMB NO.: 1545-0074
 EXPIRATION DATE: 09/30/2007

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	407,904,173	1,568,462,184	0
New	410,469,223	1,553,904,635	0
Difference	2,565,050	-14,557,549	0
Program Change		-47,389,057	0
Adjustment		32,831,508	0

TERMS OF CLEARANCE: None

NOTE: The agency is required to display the OMB control number and inform respondents of its legal significance (see 5 CFR 1320.5(b)).

OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

Sent electronically, 09/14/2004 18:02:07

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

1. Agency/Subagency originating request

Department of the Treasury
Internal Revenue Service

2. OMB control number

a. 1 5 4 5 — 0 0 7 4 —

b. None

3. Type of information collection (check one)

- a. New collection
b. X Revision of a currently approved collection
c. Extension of a currently approved collection
d. Reinstatement, without change, of a previously approved collection for which approval has expired
e. Reinstatement, with change, of a previously approved collection for which approval has expired
f. Existing collection in use without an OMB control number

For b-f, note item A2 of Supporting Statement instructions

4. Type of review requested (check one)

- a. X Regular
b. Emergency - Approval requested by: / /
c. Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities? Yes X No

6. Requested expiration date

- a. X Three years from approval date b. Other Specify: / /

7. Title U.S. Individual Income Tax Return

8. Agency form number(s) (if applicable) Forms 1040 and Schedules A, B, C, C-EZ, D, D-1, E, EIC, F, H, J, R, and SE

9. Keywords 'personal income taxes, tax return'

10. Abstract Form 1040 and schedules are used by individuals to report their income tax liability. The data is used to verify that the items reported on the forms are correct, and also for general statistical use.

11. Affected public (Mark primary with "P" and all others that apply with "X")

- a. P Individuals or households d. Farms
b. Business or other for-profit e. Federal Government
c. Not-for-profit institutions f. State, Local or Tribal Government

12. Obligation to respond (Mark primary with "P" and all others that apply with "X")

- a. Voluntary
b. Required to obtain or retain benefits
c. P Mandatory

13. Annual reporting and recordkeeping hour burden

- a. Number of respondents 78,863,011
b. Total annual responses 410,469,223
1. Percentage of these responses collected electronically 74 %
c. Total annual hours requested 1,553,904,635
d. Current OMB inventory 1,568,462,184
e. Difference -14,557,549
f. Explanation of difference
1. Program change -47,389,057
2. Adjustment +32,831,508

14. Annual reporting and recordkeeping cost burden (in thousands of dollars)

- a. Total annualized capital/startup costs
b. Total annual costs (O&M)
c. Total annualized costs requested
d. Current OMB inventory
e. Difference
f. Explanation of difference
1. Program change
2. Adjustment

15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")

- a. Application for benefits e. Program planning or management
b. Program evaluation f. Research
c. General purpose statistics g. P Regulatory or compliance
d. Audit

16. Frequency of recordkeeping or reporting (check all that apply)

- a. X Recordkeeping b. Third party disclosure
c. X Reporting
1. On occasion 2. Weekly 3. Monthly
4. Quarterly 5. Semi-annually 6. X Annually
7. Biennially 8. Other (describe)

17. Statistical methods

Does this information collection employ statistical methods?

 Yes X No

18. Agency contact (person who can best answer questions regarding the content of this submission)

Name: Carol Savage

Phone: (202) 622-3945

19. Certification for Paperwork Reduction Act Submissions

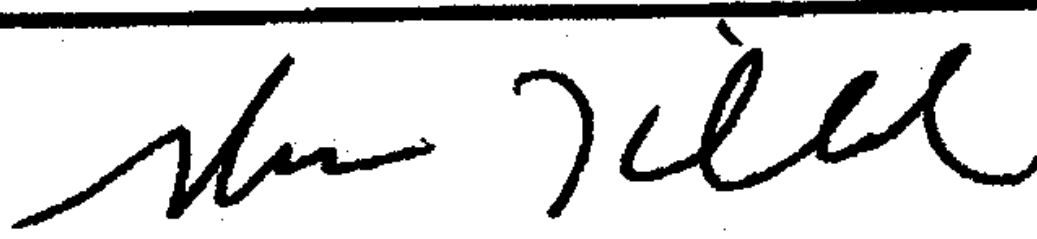
On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official  Glenn P. Kirkland, IRS Reports Clearance Officer	Date 8/2/04
Signature of Senior Official or Designee	Date